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## **COVER LETTER**

TO: Registration Se Division of Col			
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SUBJECT:	Little River Laune Name of Limi	ted Liability Company	
	Amendment and feets) are subt		
Please return all correspo	ondence concerning this matter t	to the following:	
	Para	Cia Caldas Mare Tyre Name of Person	<u> </u>
	Little R	Her Laundry, LLC Firm/Company	
	20533 Bis	Scayne Blod. 4-570 Address	
	AVentura	City/State and Zip Code	
	PROPERTY mov	100 enentusa Chatras to be used for future annual report notifi	tl. Com
For further information of	concerning this matter, please ca	all:	
Patricia (	Caldas Harrives	at () <del>786 213</del> Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

Little River Laundry, LLC

(A Florida Limited Liability Company) 11-30-15 The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the r registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cin

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member Title Name **Address** Type of Action Angelita Martinez Garcia MGR 2053318iscayne Blud. 4-570 AVENTSAA, FE33180 \$ Remove Change 20533 Biscayre Blud. 4-570 Alentara, FL331808 Add MGR Patricia Caldas Maetinez ☐ Remove \_□ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove \_□ Change

If amouding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ac

or removed from our records:

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Han effective	e date is listed, the date mu	st be specific and c	annot be prior to	date of filing or m			suant to 605,0207 (
Note: If th	ie date inserted in this b	lock does not me	et the applicat	sle statutory filin	g requiremen	is, this date will	not be list <mark>e</mark> d as t
document's	s effective date on the I	epartment of Sta	ate's records.				
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) The 901	th day after the rec	ord is filed.					
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		Signature of a m	ember or author	ized representative	of a member		
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Page 3 of 3

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